
**LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001**

MEETING SUMMARY
Thursday, April 1, 2004
1:00 PM - 5:10 PM
St. Anne's Foundation – Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90026

MEMBERS PRESENT

Jeff Bailey	Vanessa Talamantes
Mario Perez*	Chi-Wau Au*
Sergio Avina	Diane Brown
Richard Browne*	Gordon Bunch
Antonio Bustamante	Cesar Cadabes
Edward Clarke	David Giugni
Edric Medina	Veronica Morales
Ricki Rosales	Royce Sciortino
Rose Veniegas	Kathy Watt
Freddie Williams	

ABSENT

Vicky Ortega
Richard Zaldivar

* Denotes present at one (1) of the roll calls

STAFF PRESENT

Juli-Ann Carlos	Michael Green	Jenny Gross	Charlavonna James
Mike Janson	John Mesta	Pamela Ogata	Rafeeq Rahim
Sophia Rumanes	Anna Soto	Gwendolyn Thompson	Perlee Trout
Cheryl Williams	Paulina Zamudio		

I. ROLL CALL

Roll call was taken. A quorum was present.

II. COLLOQUIA PRESENTATION

“Coordinated Prevention Networks in Los Angeles: The Lead Agencies’s Perspective – Year 1”
Community coalition building has been identified as a mechanism for reducing health disparities in communities of color. The CDC (Center for Disease Control and Prevention) funded 12 demonstration projects across the United States. Los Angeles was last funded in 2001. The Office of AIDS Programs and Policy selected four agencies in Service Planning Areas (SPAs) 4, 6, 7 and 8 to lead efforts to build coordinated prevention networks (CPNs) for HIV, sexually transmitted diseases, tuberculosis and substance abuse. The Center for HIV Identification, Prevention and Treatment Services (CHIPTS) was selected to provide technical assistance to the four lead agencies and to OAPP.

The four lead agencies are by JWCH Institute, Inc. (SPA 4), Minority AIDS Project (SPA 6), AltaMed Health Services (SPA 7) and City of Long Beach – Department of Health and Human Services (SPA 8). All CPNs were funded to develop standard operating procedures, shared client data collection systems and to present their lessons learned. Each of the four lead agencies described their efforts to build CPNs, their successes and challenges and their lessons learned in the first year of implementation.

Jill Rotenburg, Program Director, JWCH Institute, Inc.; Carolyn Martin, Program Manager and Del Vaughn Walker, Health Education at Minority AIDS Project; Luis Lopez, AltaMed Health Services; and Nettie DeAugustine, Prevention Health Bureau Manager and Teresa Ayala-Castillo, CPN Coordinator, from the City of Long Beach Health and Human Services are the presenters for each SPA/Lead Agencies. A copy of each Lead Agency’s Power Point presentations is on file.

III. REVIEW/APPROVAL OF MEETING AGENDA

Jeff Bailey welcomed and introduced Rose Veniegas and Royce Sciortino to the PPC as full voting members.

The DRAFT April 1, 2004 Meeting Agenda was approved by consensus.

IV. REVIEW/APPROVAL OF MARCH 4, 2004 MEETING SUMMARY

The DRAFT March 4, 2004 Meeting Summary was approved by consensus with the stipulation that the minutes can be amended at any time.

V. PUBLIC COMMENT

- **Elissa Bradley**, PROTOTYPES, announced and extended an invitation to all for the 2004 "Healing our Village" Conference to be held May 6th and May 7th at the Four Points Sheraton Hotel. \$45.00 registration prior to April 5th.
- **Eltan Naswood**, APLA, extended an invitation to APLA's The Red Circle Project scheduled for Saturday, April 3, 2004 at the Autry National Center. This cultural celebration benefit consists of a reception, silent auction and a play titled, "Please Do Not Touch the Indians". The cost is \$25.00 and all proceeds to "The Red Circle Project".
- **Antony Stately**, APLA, announced that APLA has been funded to provide Capacity Building Training with Community Based Organizations serving Communities of Color particularly "prevention with positives". A one-day training is scheduled for April 15th. Cost – FREE
- **Dean Goishi**, California AIDS Clearinghouse, announced there are services, literature, etc. available at the California AIDS Clearinghouse to assist agencies in providing interventions, etc.
- **Alex Garcia**, HIV/AIDS DA Task Force, announced a training scheduled for Wednesday, April 7, 2004 titled Defending Your Client. Cost - FREE

VI. LOS ANGELES COUNTY – OFFICE OF EDUCATION PRESENTATION

"Technical assistance to schools and to community AIDS service organizations that work with schools"

Glenn Dodd and Johanna Chase, Los Angeles County Office of Education, presented holistic structural interventions for School-Aged Youth. There are eighty-two (82) independent separate school districts in Los Angeles County with serve approximately 1.7 million students. Los Angeles Unified School District (LAUSD) is the largest school district in Los Angeles County and LAUSD has received annual funding from the Center for Disease Control and Prevention (CDC) for school based HIV prevention education. LAUSD serves approximately 7000,000 students and the other 81 school districts serve approximately 1,000,000 students.

The goal of the Los Angeles County – Office of Education is to use the Health Education/Risk Reduction funds provided by OAPP for HIV Prevention Education in Public Schools through

- School Administration
 - Assist in curriculum selection
 - Build "top down" support and commitment
 - Develop documents and protocols
 - Provide individualized technical assistance
- School Teachers
 - Conduct in service training
 - Give access to instructional resources
 - Link to referral resources
 - Provide technical assistance
- Community
 - Connect schools to AIDS service organizations
 - Provide referral monitoring instruments and protocols

The Los Angeles County – Office of Education has developed a 15-minute parent educational video, which is available to Community Based Organizations (CBO).

The Program Accomplishments are:

- 31 School districts and 1 independent charter school have signed a commitment to implement project activities.
- 187 teachers have received training – approximately 11,000 students have received HIV prevention instruction from these teachers.
- 12 school-AIDS Service Organizations (ASO) partnerships strengthened
- 706 web site visits (first 6 months)
- 633 parents/community members viewed the video in the first 5 months.

A copy of the power point presentation is on file. Attendees viewed the 15 minute Parents Video and a posttest was administered.

QUESTION: How else is the program being evaluated (other than the survey we completed)?

ANSWER: Outcome evaluations, pre test and post test for teacher trainings, process evaluation surveys, and monthly reports.

QUESTION: What is the plan for the video we viewed (to disseminate to schools, CBOs, etc.)?

ANSWER: We have disseminated to schools and we intend to disseminate to CBOs.

QUESTION: Since this a structural interventions (attempting to change the attitudes and environment among educators and administrators), have you seen an interest in the willing to address HIV and AIDS?

ANSWER: Yes

QUESTION: Is there any consideration on how to represent young gay men in educational videos?

ANSWER: School districts do not want to address the issue of sexual orientation/sexual identity/sexual preference.

QUESTION: Why does the video say, “if you get HIV, you die”?

ANSWER: We are reconsidering editing the video to reflect more current/up-to-date information.

QUESTION: Was there anything mentioned about HIV and the correlation with drug use?

ANSWER: There was concern from the Office of Education and limited funds to produce the video.

QUESTION: Has there been any thought about working with the Gay/Straight Student Alliances?

ANSWER: We don’t usually work directly with students, but that is a good idea.

VII. FOLLOW UP DISCUSSION ON RESOURCE ALLOCATIONS/VOTE

The PPC is to forward the final recommendations to the OAPP regarding Resource Allocations and Interventions. The “brown colored” document in the packet titled HIV Prevention Planning Committee – Recommendations – Resource Allocations and Interventions dated March 4, 2004 was reviewed and the PPC recommends the following to OAPP. A motion was made by Sergio Avina and seconded by Kathy Watt to approve the following. Vote was taken: 18 Yes, 0 No and 0 Abstain. MOTION PASSES.

(1) Prioritized Risk Groups

The PPC has approved the following risk groups as priority populations for targeted HIV prevention services in Los Angeles County:

➤ Behavioral Risk Groups

- MSM (Men Sex With Men)
- MSM/W (Men Who Have Sex With Men/Women)
- MSM/IDU (Men Sex With Men/Injection Drug User)
- HM/IDU (Heterosexual Men/Injection Drug User)
- F/IDU (Female/Injection Drug User)
- TSR/TIDU (Transgender at Sexual Risk/Transgender Injection Drug User) and their partners
- WSR (Women at Sexual Risk) and their partners

- **Persons Infected with HIV (integrated into each BRG listed above)**
- **Youth (integrated into the each BRG listed above)**
- **Incarcerated Population (% of funds in HE/RR under [Service Description- Corrections HE/RR]are allocated to the incarcerated population)**

(2) Prevention Model

The Prevention Planning Committee (PPC) approved the following type of prevention services to reach Los Angeles County's priority risk groups and improve our response to the HIV epidemic.

- **Health Education Risk Reduction (HE/RR)** – Including Group Level Interventions (GLI), Individual Level Interventions (ILI), Prevention Case Management (PCM), Corrections, etc.
- **HIV Counseling and Testing (HCT)** – Including Alternative Test Sites (ATS), Mobile Testing Units (MTU), etc.
- **Partner Counseling and Referral Services**
- **Multiple Morbidity Screening** – Including screening for STDs, TB, Hepatitis, Substance Use, etc.
- **Social Marketing**
- **Capacity Building/Technical Assistance**
- **Evaluation/Training**
- **Service Directories/Client Advocacy**
- **Faith-Based HIV Prevention**
- **School Based Prevention (structural interventions)**

(3) Allocations by Service Type

The Prevention Planning Committee (PPC) approved that Prevention funds are to be allocated to each prevention service type as follows:

Service Description	Recommended % Allocation
1.0 Health Education/Risk Reduction (HE/RR)	
1.1 HE/RR by BRG	60.1%
1.2 Corrections HE/RR	1.5%
sub-total	61.6%
2.0 HIV Counseling and Testing	
2.1 HCT by BRG	11.3%
2.2 Mobile Testing by BRG (To encompass Multiple Morbidity Screening)	7.8%
2.3 Partner Counseling (Contractual)	0.4%
2.4 Partner Counseling and Referral Services (PCRS)	1.2%
	20.7%
3.0 Set Asides	
3.1 Evaluation/Training	4.0%
3.2 Capacity Building/Technical Assistance	4.0%
3.3 PPC Support	1.5%
sub-total	9.5%
4.0 Other Special Initiatives	
4.1 Directory/Client Advocacy	0.5%
4.2 Faith-Based HIV Prevention	1.5%
4.3 Social Marketing	2.7%
4.4 Coordinated Prevention Network (CPN)	1.5%
4.5 School Based Prevention (Structural)	2.0%
sub-total	8.2%
Total	100.0%

(4) Allocations by BRG

The PPC has approved the distribution of prevention funds targeting BRGs as follows:

(A) Approved by PPC on February 5, 2004.

Behavioral Risk Group (BRG)	Resource Allocation
MSM	60%
MSM/W	10%
MSM/IDU	4%
HM/IDU	4%
F/IDU	2%
WSR	12%
TSR/TIDU	8%

(B) The Prevention Planning Committee (PPC) revisited the previous decision regarding the distribution of funds targeting BRGs.

Allocate funding within each SPA based on "Persons Living with AIDS in LA County - Percent BRG by SPA" from HIV Epidemiology presentation "HIV/AIDS & High Risk Behaviors among BRGs in LA County" **Page 2, Slide F**) taking in account transgender individuals not included in the presentation, but allocate resources in SPA 2, SPA 3, SPA 4, SPA 6 and SPA 8 for Transgenders.

MOTION WITHDRAWN/DECLINED.

(5) Allocations for Prevention with HIV Infected Persons (PHIP)

The PPC has approved that a proportion of all funds allocated for each BRG be designated for PHIP as follows:

(A) Approved by PPC on February 5, 2004.

Behavioral Risk Group (BRG)	PHIP Allocation
MSM	13%
MSM/W	8%
MSM/IDU	16%
HM/IDU	5%
F/IDU	3%
WSR	15%
TSR/TIDU	1.5%

(B) The Prevention Planning Committee (PPC) revisited the previous decision regarding the distribution of funds targeting HIV infected persons and approved the Revised PHIP motion replaces the previous (February 5, 2004) decision with the following decisions:

1. The allocation of funds for Prevention with Positives (PHIP) for the following BRGs:

Behavioral Risk Group (BRG)	Minimum Allocation
MSM	20%
MSM/W	10%
WSR	10%
MSM/IDU	20%
TSR/TIDU	20%

The PPC recommends that programs or interventions targeting any IDU population(s) must provide services that are inclusive of both HIV- negative and HIV+positive populations.

(6) Allocations for Youth

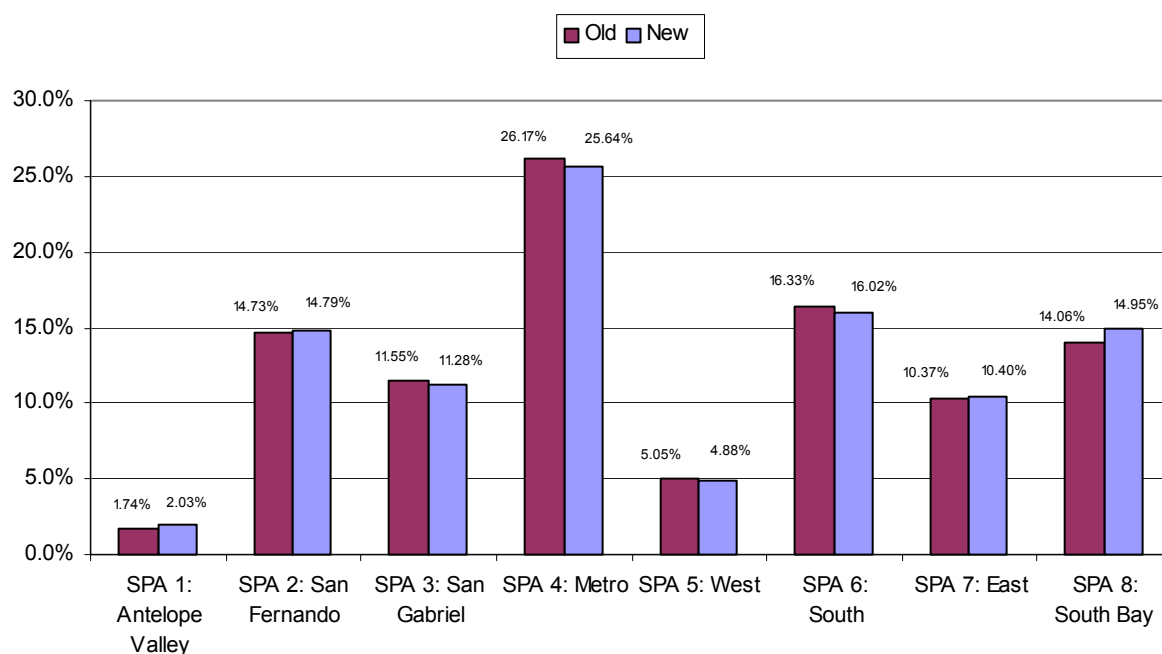
The Prevention Planning Committee (PPC) approved the following allocations for Youth ages 24 and under in the following BRGs:

Behavioral Risk Group (BRG)	Minimum Youth Allocation
MSM	20%
MSM/W	15%
WSR	20%
TSR/TIDU	20%

(7) Allocations by Service Planning Area (SPA)

The Prevention Planning Committee (PPC) approved the allocation of resources throughout all SPAs based on a current version of Table 10 from January 6, 2004 *Estimating Need* presentation.

Indicators of Need Comparison



SERVICE PLANNING AREA (SPA)	RECOMMENDED % ALLOCATION
SPA 1: Antelope Valley	2.03%
SPA 2: San Fernando	14.79%
SPA 3: San Gabriel	11.28%
SPA 4: Metro	25.64%
SPA 5: West	4.88%
SPA 6: South	16.02%
SPA 7: East	10.40%
SPA 8: South Bay	14.95%

(8) Allocations by Race/Ethnicity

- (A) The Prevention Planning Committee (PPC) recommends the use slides 29-36 from the January 6, 2004 "Estimating Need" presentation (utilizing Recent AIDS Cases as an indicator) for allocating resources by race/ethnicity within each SPA.
- (B) The Prevention Planning Committee (PPC) recommends, for the purposes of describing racial/ethnic breakdown SPA distribution and allocating resources of Transgenders at Sexual and IDU risk, the use of HIV Testing Data, HIV Testing Survey Results and BRG Breakout Meeting Notes. The weight of the HIV Testing Data and HIV Testing Survey should have a greater weight than the information described in the BRG Breakout Meeting Notes. Anecdotal information regarding Transgender communities not represented in the data will be considered for resource allocation.
- (C) The Prevention Planning Committee (PPC) recommends allocating 1% of available Health Education/Risk Reduction (HE/RR) and HIV Counseling & Testing (HCT) resources to programs targeting and serving American Indians/Native Americans/Alaskan Natives.

(9) Interventions and Best Practices

The Prevention Planning Committee (PPC) approved recommends, for contribution to prioritizing interventions by **BRG**, the use of the "Summary of Intervention Recommendations for the Los Angeles

County HIV Prevention Plan. To make this table operational, the PPC must ensure that training is offered to service providers educating them on the use of this table.

Additionally, the Los Angeles County Prevention Planning Committee adopts the document titled Summary of Intervention Recommendations for the Los Angeles County HIV Prevention Plan - dated 03/16/04 with amended language around outreach workers providing counseling and testing to Injection Drug Users (IDUs) as well as language stating applications may be responsive when they consider evidence of interventions that have been effective locally.

In addition to the decisions made above, the following is an excerpt from a supplemental document has been adopted.

Evidence Based Interventions - Revised 3/16/04

RECOMMENDATION: The Prevention Planning Committee (PPC) recommends that the Los Angeles County Prevention Plan 2004-08 incorporate guidance from the U.S. Centers for Disease Control and Prevention regarding the implementation of evidence-based interventions (CDC, 2003 Program Guidance for PA 04064).

RECOMMENDATION: For providers who plan to implement evidence-based interventions, or who propose to use locally implemented interventions that have been evaluated and shown to be effective, the Prevention Planning Committee (PPC) recommends that these providers be able to describe the intervention's core elements, key characteristics, and procedures as defined by CDC (2003).

Core Elements are critical features of an intervention's intent and design and are thought to be responsible for its effectiveness and cannot be ignored, added to, or changed.

Key Characteristics are crucial activities and delivery methods for conducting an intervention, which may be tailored for different agencies and at-risk populations. They can be adapted or tailored to meet the needs of the target population and ensure cultural appropriateness of the strategy.

Procedures describe the activities of the program and provide direction to agencies or organizations regarding its implementation.

RECOMMENDATION: For providers who plan to implement evidence-based interventions, or who propose to use locally implemented interventions that have been evaluated and shown to be effective, the Prevention Planning Committee (PPC) recommends that these providers be able to describe the steps taken to adapt and to tailor the intervention for the specified behavioral risk groups or target populations using the guidance provided by CDC.

Adaptation implies that the intervention is being delivered to a different population or in a different venue than the one in which efficacy was originally demonstrated. It involves changes in *who* receives the intervention and *where* it is delivered.

Tailoring is when an intervention or strategy is changed to deliver a new message (addressing condom use versus limiting the number of partners), at a new time (at a weekend retreat rather than over a series of weeks), or in a different manner (using verbal rather than written messages) than was originally described... It involves changes in *when* it is delivered, *what* is addressed, and *how* the message is conveyed.

For CDC's list and description of evidence-based HIV prevention interventions, providers can find them at:

Compendium of HIV Prevention Interventions with Evidence of Effectiveness
(<http://www.cdc.gov/hiv/pubs/hivcompendium/hivcompendium.htm>)

CDC's Replicating Effective Programs <http://www.cdc.gov/hiv/projects/rep/default.htm>

CDC's Dissemination of Effective Behavioral Interventions <http://www.effectiveinterventions.org>
CDC's Procedural Guidance for Program Announcement 04064 on HIV Prevention Projects for
Community-Based Organizations
http://www2a.cdc.gov/hivpra/documents/Attachments/CBOProcedures_15Dec03_FinalDraft.pdf

Center for HIV, Identification, Prevention and Treatment Services
<http://chipts.ucla.edu/interventions/resourcecats/index.html> (click on the link "Summary of
Recommended HIV Interventions").

RECOMMENDATION: For providers who plan to implement evidence-based interventions, or who propose to use locally implemented interventions that have been evaluated and shown to be effective, the Prevention Planning Committee (PPC) recommends that these providers access any available local resources for capacity building assistance and technical assistance on adapting and tailoring interventions.

VIII. BREAK

IX. UPDATE ON FOCUS FORUMS AND OUTREACH SURVEYS

Jeff Bailey reported the Focus Forums and Outreach Surveys are "on hold" because we would like to be more strategic and thoughtful about how the Focus Forums and Outreach Surveys are implemented.

X. COMMUNITY CO-CHAIRS REPORT

Jeff Bailey reported the PPC intends on planning a Summit around October, 2004.

Vanessa Talamantes reported there are plans to dissolve the Prevention Plan Ad Hoc Sub Committee and reinstate the Operations, Standards & Best Practices and Evaluations Sub Committees. A "lavender colored" document was distributed to PPC members to make their 1st and 2nd choice sub committee selections. Sub-Committee assignments will be announced at the May 6, 2004 PPC Meeting.

Jeff Bailey reported that based on the PPC Policies and Procedures, nominations for Co-Chair are open for the next thirty (30) days. There will be a vote for Co-Chairs at the next PPC Meeting.

Jeff Bailey reported a meeting is being scheduled with the Commission Co-Chairs to discuss the coordination and integration of some of the sub committees and other issues.

XI. GOVERNMENTAL CO-CHAIR REPORT

Mario Perez reported there is a need for a Community Co-Chair Alternate for UCHAPS (Urban Coalition for HIV /AIDS Prevention Services). It was suggested that this decision be made at the May 6th PPC Meeting.

XII. SUB-COMMITTEE REPORTS

- ◆ **Prevention Plan Ad Hoc** – No report
- ◆ **CHHS Update** – Edric Mendia reported that the Ryan White Title I Act grant was reduced to by \$3.4 million and the Commission is focusing on how to proportion that reduction across programs funded by the Ryan White Care Act. The recommendation to cut 3% across all Ryan White Care Act programs will be voted on at the April 8, 2004 Commission Meeting.

There is a recommendation by the Commission is to eliminate all PPC seats. The Commission Membership Ad Hoc Committee will be voting on the elimination of seats at the April 8, 2004 Commission Meeting.

- ◆ **Youth Leadership**
- ◆ **Joint Public Policy**

XIII. PPC MEMBERSHIP & RECRUITMENT

XIV. ANNOUNCEMENTS

XV. CLOSING ROLL CALL

XVI. ADJOURNMENT – Meeting adjourned at 5:10 P.M.
Note: All agenda items are subject to action.

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 6th Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.

cw(PPC04-01-04min) Revd04-14-04